DANTES Funded Certification Examination Form for Service Members

SECTION I: APPLICANT INFORMATION

1. **Name:** (Last, First, M.I.)
DOE, JOHN A.

2. **Rank:** SGT

3. **SSN:** 000-00-0000

4. **DOB:** (MM/DD/YY) 07/15/73

5. **Unit Assignment:** Co. A 105th Infantry

6. **If Active Duty, but NOT AGR or TAR:** (choose one)
O Army O Navy O Air Force
O Marine Corps O Coast Guard ● Not Applicable

7. **If AGR** (Active Guard Reserve) **or TAR:** (choose one)
O Army O Navy O Air Force
O Marine Corps O Coast Guard ● Not Applicable

8. **If Reserve Component:** (but not Active, AGR or TAR) (choose one)
● Army National Guard O Air National Guard
O Army O Navy O Air Force
O Marine Corps O Coast Guard O Not Applicable

SECTION II: ADDRESSES

1. **Upon receipt of test score report, provide address to which check will be sent.**
100 Main Street, Apt. # 3
Anytown, MA 01000-0000
(555) 123-4567
Zip Code _____-_____
Day Time Phone: O DSN ● CML ( ) _____ - _____

2. **Education center name and address:**
MA ARNG
Education Office
50 Maple Street
Milford, MA Zip Code 01757-3604
Day Time Phone: O DSN O CML ( ) _____ - _____

SECTION III: NATIONAL ASSOCIATION

Name and address of National Association:
National Assoc. of Social Workers
750 1st Street NE, Suite 700
Washington, DC 2002-4241
Zip Code _____-_____
Phone: O DSN ● CML ( ) _____ - _____
(202) 408-8600

SECTION IV: EXAMINATION INFORMATION

1. **Type of examination taken:**
Academy of Certified Social Workers (ACSW) Examination

2. **Date administered:** (MM/DD/YY)
02/15/02

3. **Cost of examination:** $165.00

Note: Registration fees, preparation guides, processing fees, etc., **WILL NOT BE REIMBURSED.**

4. **Attach copies of your method of payment (check or money order) and a copy of your ORIGINAL test score report.**

SECTION V: CERTIFICATION

Student

I certify that I sat for the above test and request reimbursement for the cost of the exam.

Signature: SIGN HERE

Date: (MM/DD/YY) 02/20/02

Duty Phone: O DSN ● CML ( ) _____-_____

Official

I certify that I am the Test Control Officer (TCO) or Alternate TCO and that the above student was counseled and determined eligible to sit for the stated certification examination. Please process for reimbursement.

Signature: LEAVE BLANK

Date: (MM/DD/YY) LEAVE BLANK

Duty Phone: O DSN O CML ( ) _____-_____

DANTES ID Number: ☐☐☐☐ LEAVE BLANK

Distribution: This *copy:* Send with copy of test score report to MA ARNG, for purpose of reimbursement.
Education Office, 50 Maple Street
Milford, MA 01757-3604

Important: Read the *Privacy Act Statement* on the reverse side of this form.